Name of Organization: _____________________________  Bingo ID: ___________________  License Number: ____
Address: ______________________________________  Street _________  City ___________  Zip Code ___________
Number of Occasions: _____________  Number of Players: _____________

Instructions: Prepare this report in triplicate. Within 15 days after the end of each calendar quarter, send original to the New York State Gaming Commission, Division of Charitable Gaming, one copy to the municipal clerk and retain one copy for your records. Mail to: New York State Gaming Commission, Charitable Gaming, PO Box 7500, Schenectady, NY 12301-7500.

A. RECEIPTS – (Part “A” of Form BC-7)

A1. Total Bingo Receipts $____________________
A2. Total Sale of Supplies $____________________
A3. Total Other Receipts (Rent, etc) $____________________
A4. Total Receipts (Add lines A1 through A3) $____________________

B. EXPENDITURES

B1. Total Prizes $____________________
B2. Total Rent (if applicable) $____________________
B3. Total License Fee $____________________
B4. Total Bingo Equipment $____________________
B5. Total Services $____________________
B6. Total Other Expenses $____________________
B7. Total Expenditures (Add lines B1 through B6) $____________________

C. NET PROFIT OR (LOSS)

C1. Total Profit or (Loss) Before Additional License Fee (Line A4 less line B7) $____________________
C2. Total additional license fee $____________________
C3. Total Net Profit or (Loss) (line C1 less line C2) $____________________

D. DISPOSITION OF AND ACCOUNTING NET PROCEEDS

D1. Unexpended balance of net proceeds shown on last BC-7Q (Line F of BC-7Q) $____________________
D2. Net Profit or (Loss) from this period (Line C3) $____________________
D3. Interest earned on net proceeds on deposit in interest bearing account(s) $____________________
D4. Other deposits into or adjustments in Special Bingo Account (if applicable) $____________________

Explanation ___________________________________________

D5. Total net proceeds (add lines D1 through D4) $____________________
**E. TOTAL DISBURSEMENTS OF NET PROCEEDS FROM SPECIAL BINGO ACCOUNT SINCE LAST BC-7Q REPORT** (same as line H) …………………………………………………………………….. $ 

**F. UNEXPENDED BALANCE OF NET PROCEEDS (LINE D5 LESS LINE E) …… $**

**G. Attach a list of all disbursement checks of net proceeds drawn on special bingo checking account, other than those included in PART “B” (Expenditures), since last BC-7Q report.**

**H. TOTAL AMOUNT OF CHECKS (Must be the same as Line E) ………………. $**

**AFFIRMATION**

All three sections must be signed. Unsigned reports will be returned.

I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.

(Pursuant to Commission Rule 4821.6, “if the financial statement or summary statement of bingo operation filed by a licensee is not properly verified, or not fully, accurately and truthfully completed, no further license shall issue to it, and any existing license shall be suspended until such as time as the default has been corrected.”)

**Head of Organization:**

___________________________________________________   ___________________  
Signature                                                                                     Date

___________________________________________________  ___________________  
Print Name                                                                                     Print Title

___________________________________________________   ___________________  
Home Address, City and Zip Code                                                                 Phone Number

___________________________________________________  
Email Address

**Member In Charge:**

___________________________________________________   ___________________  
Signature                                                                                     Date

___________________________________________________  ___________________  
Print Name                                                                                     Print Title

___________________________________________________   ___________________  
Home Address, City and Zip Code                                                                 Phone Number

___________________________________________________  
Email Address

**Preparer of Report:**

___________________________________________________   ___________________  
Signature                                                                                     Date

___________________________________________________  ___________________  
Print Name                                                                                     Print Title

___________________________________________________   ___________________  
Home Address, City and Zip Code                                                                 Phone Number

___________________________________________________  
Email Address